

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
(SAMHSA)

**SUPPLEMENTARY INSTRUCTIONS FOR COMPLETING PHS 5161-1
GRANT APPLICATION FOR NON-COMPETING CONTINUATION**

Grant Programs of
CENTER FOR MENTAL HEALTH SERVICES (CMHS)
CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP)
CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)

General information and instructions for completing and submitting a noncompeting continuation application may be found in the Application Form PHS 5161-1. These instructions are specifically directed at SAMHSA programs and are intended to supplement, clarify, or, where necessary, replace those with the application form.

**INSTRUCTIONS FOR COMPLETING THE FACE PAGE (SF 424),
APPLICATION FOR FEDERAL ASSISTANCE (As found in the PHS 5161-1):**

(NOTE: If you use the SF 424 (Version 02 OMB Number: 4040-0004) from grants.gov the item numbers may not correspond with these instructions)

- | Item | Instruction |
|------|--|
| 1 | Check "non-construction" under "Application", above which, depending upon which Center is applicable, insert either. <ul style="list-style-type: none">➤ "CMHS -Type 5"➤ "CSAP-Type 5" or➤ "CSAT-Type 5. Ignore "Pre-application" section. |
| 2 | Enter date that the application is submitted to SAMHSA. |
| 3 | Leave Blank |
| 4 | Leave blank, EXCEPT under "Federal Identifier", and enter the grant number as it is reflected in item 4 on your last Notice of Grant Award (NGA). For example: SM 52339; SP 08851; TI 11233. |
| 5 | Follow SF 424 instructions (on back of the SF 424). NOTE - In the "...person to be contacted..." section, enter the name and telephone number of the current Program Director (Principal Investigator). The Program Director is defined as the employee of the applicant organization who is designated to direct the grant. If different than the individual previously approved as Program Director, a resume must be submitted for Center approval. (This should be the same person listed under "Project Director" on the PHS 5161-1 Checklist) |
| 6 | Enter the applicant organization's EMPLOYER IDENTIFICATION NUMBER (EIN). This EIN can be found on the grantee's current Notice of Grant Award, Item 18. Please include the prefix and suffix – adding boxes as needed.
SAMPLE: 1-012345678-A1 |

- 7 Follow SF 424 instructions. **NOTE:** This information should be the same as identified in the application previously submitted.
- 8 Check “Continuation”
- 9 Enter SAMHSA – (appropriate Center – CMHS, CSAP, or CSAT)
- 10 Enter “93.xxx” (number reflected in item 2 of the NGA) and the name of the Center Program.
11. Follow SF 424 instructions
12. Follow SF 424 instructions
13. Enter the start and end dates of the anticipated continuation Budget Period. The start date will be one day after the current Budget Period end date that is reflected on the current NGA and the end date will be generally 12 months later.
14. Follow SF 424 instructions
- 15a Enter the amount of Federal funds (TOTAL COSTS: Direct and Indirect Costs) being requested from the Center for this continuation grant application.
NOTE: Item 13 (Recommended Future Support) on your current NGA shows the maximum allowable amount of Federal dollars (contingent on availability of funds) for which you may apply this continuation year.
- 15 b-e Follow SF 424 instructions
- 15 f Enter the anticipated amount of Program Income, if any. Program income is defined as income earned by a grantee from activities part or all of the cost of which is borne as a direct cost by a grant or income that would not have occurred except for the existence of the grant-supported project.

Examples of program income include:

- fees for services supported with grant funds such as laboratory drug testing;
- rental or usage fees for use of equipment purchased with grant funds;
- third-party patient reimbursement where such reimbursement occurs because of the grant-supported activity; and,
- sale of commodities such as educational materials developed under the grant with grant funds.

- 16 Follow SF 424 instructions. **NOTE:**
- For the most part, all SAMHSA programs are covered by Executive Order 12372. Refer to listing of SPOCS. If the State is not listed, it does not participate in the requirements.
(<http://www.whitehouse.gov/omb/grants/spoc.html>)
 - If your State participates in the program, a copy of this application must be made available for State review, and the State should be advised to send their comments within 30 days to the Grants Management officer. Enter the date that this application is forwarded to the State for review.
 - For substance abuse programs, a letter should be sent to the Single State Authority (SSA) responsible for substance abuse services within the State as notification of the submission of this continuation proposal. A copy of this letter should be included in the application submission.
(http://www.samhsa.gov/Grants/generalinfo/state_agencies.aspx)
- 17 Follow SF 424 instructions
- 18 Follow SF 424 instructions

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INSTRUCTIONS FOR COMPLETING THE BUDGET INFORMATION - NON-CONSTRUCTION PROGRAMS PAGE (SF-424A): (as found in PHS 5161-1)

Section A - Budget Summary

- Line 1 Column (a) - Leave blank
Column (b) – Leave blank
Column (c) – enter the amount of estimated amount of unexpended funds from the current budget period, if any.
Column (d) – Leave blank
Column (e) – enter the total amount of Federal funds being requested.
Column (f) – enter the total amount of non-Federal funds being used for match. (if required by the grant)
Column (g) – enter the totals from Column (e) and (f)
- Lines 2-5 Column (a) – Leave blank
Column (b) – Leave blank
Column (c) - Leave blank unless this project is funded through the Single State Agency with multiple subrecipient providers.
Column (d) – Leave blank
Column (e) - Leave blank unless this project is funded through the Single State Agency with multiple subrecipient providers.
Column (f) - Leave blank unless this project is funded through the Single State Agency with multiple subrecipient providers.
Column (g) - Leave blank unless this project is funded through the Single State Agency with multiple subrecipient providers.

Section B - Budget Categories

Line 6 Column (1) Enter the Federal dollars being requested for each object class category. The total of Column (1) should equal the amount reflected in Section A Column (e). **NOTE:** There is no provision to break out consultant costs. Include these costs under "Contract" and provide details on all consultant costs as shown in the Sample Budget.

Note: If indirect costs are requested, enter the amount on line 6j, Column (1). To substantiate the request, a copy of the applicant organization's most current negotiated indirect cost rate agreement established must be submitted with the application. Failure to submit a copy of this established rate may result in delay of the award.

Line 6 Column (2) If the grant has a matching requirement, enter the total non-Federal funds for each object class category. The total of Column (2) should equal the amount reflected in Section A Column (f). If there is no match requirement, leave Column (2) blank.

Line 6 Columns (3&4) - Leave blank.

Line 6 Column (5)- Enter the total of amounts reflected in Columns (1) and (2).

Line 7 If program income is anticipated, enter the amount. (See Supplemental Instructions for SF 424-15f for the definition of program income)

Section C - Non-Federal Resources – complete this section only if the grant requires a non-federal match. **NOTE:** All match funds must be non-Federal dollars.

Line 8 Column (a) – Name of grant program (reference item 10 of the SF 424)

Line 8 Column (b) – List total non-Federal match funds provided by the applying agency

Line 8 Column (c) – list total non-Federal match funds provided by the State

Line 8 Column (d) – list total non-Federal match funds provided by other sources

Section D - Forecasted Cash Needs

Leave blank

Section E - Budget Estimate of Federal Funds Needed for Balance of the Project

Leave blank

Section F - Other Budget Information

Leave blank

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**INSTRUCTIONS FOR ASSURANCES - NON-CONSTRUCTION PROGRAMS
(SF 424B) AND CERTIFICATIONS (PAGE 17 OF THE PHS 5161-1):**

SF 424 B: The list of Assurances for Non-construction programs must be reviewed, signed, and submitted with the continuation application. Failure to do so will delay issuance of the NGA.

NOTE: SF-424C – Budget Information for Construction Program and SF-424D – Assurances – Construction Program are not applicable to SAMHSA grant programs.

Page 17: The list of Certifications must be reviewed, signed, and submitted with the continuation application. Failure to do so will delay issuance of the NGA.

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INSTRUCTIONS FOR COMPLETING THE PROGRAM NARRATIVE:

These instructions for completing the program narrative portion of a noncompetitive continuation application replaces those found on page 21 of the PHS 5161-1. **NOTE:** A complete resubmission of the material contained in the initially approved application is not required. The program narrative for a noncompetitive continuation application consists of:

- Report of Progress of the Project
- Workplan for the Coming Year

If you are completing the first year of your project, some of the information in the program narrative outline may be difficult to answer. This may be particularly true if there have been delays in starting up portions of your program. When information is not available, indicate so.

Program Narrative Outline

The outline that follows provides a general guide only. Each program office may prescribe very specific progress reporting requirements for each of its programs. If so, these will be communicated separately.

Project Progress Report:

Review the goals and objectives of the project and, using the following outline, report on activities and progress achieved during the budget period now ending in meeting these goals and objectives.

I. Summary statement of goals and objectives

II. Description and explanation of changes, if any, made during this budget period affecting:

- A. goals and objectives;
- B. project location;
- C. projected time line for project implementation;
- D. organizational structure and/or staff alignment and responsibilities; and,
- E. approach and strategies proposed in the initially approved and funded application.

III. Description of activities and accomplishments related to the goals and objectives.

- A. Quantifiable data must be included where possible regarding the number of children/families/persons served, people trained, support groups established, etc. relating to:
 - proposed in the grant application;
 - since inception of the program;
 - during this funded period; and,
 - projected for the next budget period.
- B. Accomplishments that are not quantifiable should be listed in chronological order to permit comparison of the scheduled target date to actual completion date. **NOTE:** Include a brief description of significant events which may have occurred in your State or political subdivision during this grant year as they relate to or affect this project.

IV. Description of difficulties/problems encountered in achieving planned goals and objectives addressing:

- A. Barriers to accomplishment
- B. Actions to overcome difficulties.

V. Description of changes in staffing, if any, in the project affecting persons, time spent, and/or responsibilities. **NOTE:** Resumes and qualifications of new key staff should be attached.

VI. Description of evaluation activities including plans, progress, and problems. (Specific program instruction may be applicable.)

Workplan for the Coming Year:

A workplan for the 12-month proposed continuation year is to be submitted with the Program Narrative. As a general rule, the plan should follow the same format and organization as submitted with the original application. It should include:

- a discussion of how experience gained in this current funded year will impact on plans for the coming continuation year; and;
- provision of a program management plan detailing time-lines and schedules for implementation and completion of the proposed activities.

COMPLETING THE CHECKLIST (PAGE 25) AND SF LLL: DISCLOSURE OF LOBBYING ACTIVITIES

Checklist – complete all sections of the checklist as applicable to your grant

Note:

- Type of Application: Non-competing continuation
- Part A – List the date the HHS 690 was submitted
(<http://www.hhs.gov/ocr/pregrant/forms.html>)
- Part B – The Public Health Service Impact Statement is applicable to all SAMHSA programs and must be completed and distributed. (This normally includes a project abstract and letter of intent sent to the State or local Health Agency in the area. State, local and tribal governments are not subject to this requirement.)
- Part C – The "administrative official to be notified..." should be either the authorizing official identified in Item 18 on SF 424 or the designated business official of the applicant organization.
 - The "DHHS 12-digit EIN..." may be found on the current NGA, Item 18.
 - the individual "designated to direct the proposed project or program" must be the same individual identified in Item 5 on SF 424 of the application.
- Part D – If non-profit status was previously filed complete bottom portion. If this is a new non-profit designation submit at least one of the required documents with the application.
- Inventions – This information should be entered on plain bond paper and submitted with the application (if applicable).

SF LLL – Disclosure of Lobbying Activities

Forms regarding disclosure of Lobbying activities should not be completed unless there is/was actual lobbying activities during the current funded budget period. Indicate “Not Applicable” if there is no lobbying activity.